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IMPACTED METALLIC FOREIGN IN NASOPHARYNGEAL ADENOIDAL TISSUE-A CASE REPORT.

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ABSTRACT
Lodgement of foreign bodies in the nasopharynx after ingestion is a rare entity; even rarer is the impaction of a metallic foreign body within adenoidal tissue in the nasopharynx. We report one such case in a 1 year 2 month old child in which diagnosis was made by X-ray post-nasal space and the foreign body was subsequently removed under general anaesthesia.

KEYWORDS: Foreign Bodies, Nasopharynx, Ingestion, Rare Entity, Adenoidal Tissue, Post Nasal Space.

INTRODUCTION

Foreign bodies of the aero digestive tract are quite common in children mainly because of their habit of putting everything into their mouth within their reach. Gulati *et al* 2009.

However very rarely the article put in the mouth may get lodged in the nasopharynx because of a variety of reasons like attempts at digital removal, regurgitation during vomiting or coughing. Gadeh *et al* 1998 and Dayal *et al* 1970.

These foreign bodies though they produce minimal symptoms and signs could be dislodged from the nasopharynx and completely obstruct the upper airway, thus they should be regarded as a threat to life and should be removed immediately.

CASE PRESENTATION

We present a case of S.M. a 1year 2 month old male child who presented with a 6 hour history of foreign body ingestion.

Child started choking while being fed. Mother then noticed a curtain rail hook in his hand and suspected that child had swallowed a similar substance.

Mother then made several unsuccessful attempts at digital removal with blind sweeping motions.
She subsequently presented at a private clinic.

On presentation the clinical findings were signs of trauma around the lips, the oral cavity was filled with blood and there were clots around the oropharynx

X-ray of the nasopharynx was ordered and it showed a metallic foreign body, a curtain rail hook lodged and impacted in moderate sized adenoidal tissue within the nasopharynx.

Removal of the foreign body was done soon afterwards under general anaesthesia.

A throat pack was put in place after orotracheal intubation and a Boyle's Davis mouth gag was introduced, at this time the foreign body was not visualised.

A lubricated nasogastric tube was then passed via the right nasal cavity until visualized in the oropharynx, this was then used in retracting the soft palate and the edge of the foreign body was subsequently visualized.

Its position was then confirmed by post nasal mirror examination. Moderate sized adenoid tissue was also noted o which the foreign body was impacted.

A finger was then passed into the nasopharynx and the foreign body gently disimpacted, slight bleeding was encountered on disimpaction and suctioning done.

The foreign body was picked out with forceps and a post nasal pack was inserted for a few minutes. Post operative period was uneventful

Figure 1: X-RAY POST NASAL SPACE SHOWING IMPACTED FOREIGN BODY IN MODERATE SIZED ADENOIDS

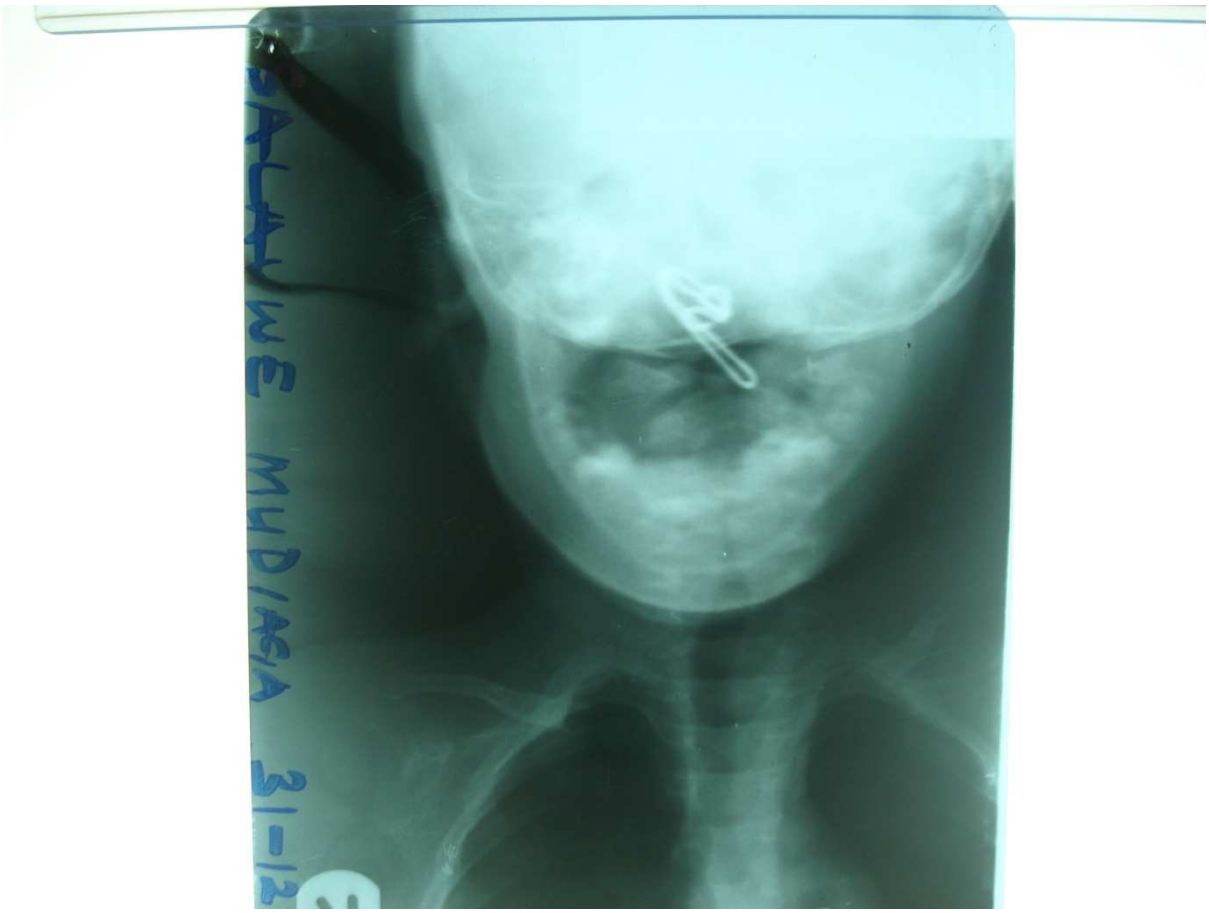

FIGURE 2. SOFT TISSUE X-RAY OF SKULL ANTRIOR POSTERIOR VIEW

DISCUSSION

Foreign bodies in the nasopharynx are a rare occurrence. Route of entry in this case followed repeated attempts at removal while at home.

Few cases of foreign body impaction in adenoid tissue have been reported in the literature. Sunil *et al* 2002 removed the impacted foreign body via adenoidectomy which was not necessary in this case.

Diagnosis in this case was made by x-ray soft tissue of the post-nasal space, however if available nasal endoscopy will be highly useful.

It should be noted also that foreign bodies in the nasopharynx should be treated as emergencies as was in this case.

CONCLUSION

This case report shows that though rare, foreign bodies can be lodged in the nasopharynx.

It also highlights the dangers of attempted removal at home.

Immediate specialist consultation should rather be sought and such cases should be treated as emergencies.

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